

MADIGAN HEALTHCARE SYSTEM
WARFIGHTER REFRACTIVE EYE SURGERY PROGRAM (WRESP)
COMMANDER'S AUTHORIZATION
(To Be Submitted By All Applicants)

- (1) I give my permission for the following active duty Soldier to be considered for enrollment in the WRESP and for treatment if eligible.

Patient Name (Print) (Last, First MI)

Rank

SSN

- (2) I certify the following to be true:

The Soldier has at least **18 months** remaining in the **Active Duty Component**.

The Soldier has at least **12 months** remaining on **Joint Base Lewis-McChord**.

The Soldier has no adverse personnel actions pending including medical boards.

The Soldier will not receive any immunizations **30 days** pre-surgery and **45 days** post-surgery.

The Soldier will remain **CONUS** and is **non-deployable** for at least **90 days** post-surgery.

- (3) I realize that after refractive surgery the Soldier will be on **convalescent leave** for up to **five days** and will have the following **physical profile** for a minimum of **30 days**, but possibly up to **90 days** in a small number of patients (<10%):

No parachuting, diving, night operations or driving military tactical vehicles.

No field, range or other duties involving strenuous activity including APFT.

No swimming, protective mask, or use of camouflage face paint.

Will need to wear sun-glasses at all times.

- (4) I acknowledge that **National Guard** and **Reserve** Soldiers are **NOT** eligible for treatment unless they are **AGR** (Active Guard/Reserve) and have at least **18 months active duty** remaining at the time of their surgery.
- (5) I acknowledge this Soldier is required to complete 1, 3, 6 and 12-month **FOLLOW-UP EXAMS** required by the WRESP, or if deploying they are required to then return to MAMC for a post-operative exam at the completion of their deployment.
- (6) Failure to comply with the post-operative care requirements may affect future enrollments from the Soldier's unit.

Commander's Signature

Commander's Rank and Name (Print)

Date

Commander's Email Address

Commander's Telephone Number

Applicant's Signature

Date

THIS AUTHORIZATION MUST BE TURNED IN THE DAY OF SOLDIER'S FIRST APPOINTMENT.
FAILURE TO DO SO MAY RESULT IN CANCELLATION OF APPOINTMENT.